

DEPARTMENT USE ONLY

ZONE	SETBACKS F	S	R	CF TO PL	PAGE NO.	ZONING APPROVED <input type="checkbox"/> INT	PLANNING STAMP REQUIRED <input type="checkbox"/>	SPECIAL PLANNING PERMIT REQ'D <input type="checkbox"/>
Date Rec'd. _____ Check One: New _____ Alteration _____ Addition _____ Repair _____ Demolition _____								
Location of Job _____ Zone _____								
Owner's Name _____ Address _____								
Lot _____								
Block _____ Tract _____								
Contractor's Name _____ Address _____								
Valuation Of Proposed Work: \$ _____ Applicant _____ Phone _____								
CHECKED BY: Counterman _____ Field Inspector _____ Plan Checker _____								